

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
JUL 02 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-0274
Date: 8-19-14
Amount Paid: \$7007.3-14
Refund:

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Town of Barnes	Mailing Address: 3360 County Hwy N	City/State/Zip: Barnes, WI 54873	Telephone: 715-795-2782
Address of Property: 3360 County Highway N		City/State/Zip: Barnes, WI 54873	Cell Phone:
Contractor: Dykstra Construction, Inc.	Contractor Phone: 715-682-9599	Plumber: Brown Plumbing	Plumber Phone: 715-682-0444
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION	Legal Description: (Use Tax Statement) 1/4, 1/4	PLIN: (23 digits) 04-0042-4509-28304000-30000	Recorded Document: (i.e. Property Ownership) Volume 237 Page(s) 443 1283
Section 28 , Township 45 N, Range 9 W	Gov't Lot	Lot(s)	CSM
			Vol & Page V. 237 P. 43 1283
			Lot(s) No.
			Block(s) No.
			Subdivision:
			Lot Size
			Acreage 6.2
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$ 188,000	Project # of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 36'	Width: 40'	Height: 19'
Proposed Construction:	Length: 36'	Width: 40'	Height: 19'

Proposed Use	Principal Structure (first structure on property)	Dimensions	Square Footage
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residential Use	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Municipal Use	with (2 nd) Deck with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Mobile Home (manufactured date) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
Rec'd for Issuance	Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
AUG 19 2014	Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
Secretarial Staff	Other: (explain) New office Building	(36 X 40)	1440

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purposes of inspection.

Owner(s): STB Date **6-26-14**

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **Sts Design + Engineering, Inc. PO Box 636 Ashland, WI 54806** Attach ☒ Copy of Tax Statement

Check box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached Site Plan

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	193 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	140 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	1115 Feet	Setback from Wetland	Feet
Setback from the South Lot Line	140 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	145 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	215 Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	120 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>227834</u>	# of bedrooms: <u>4</u>	Sanitary Date: <u>9-7-94</u>
Permit Denied (Date):	Reason for Denial:	Permit Date: <u>8-19-14</u>		
Permit #: <u>14-0074</u>	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>Well Staked.</u>	Inspected by: <u>Mt. Fitch</u>		Zoning District (RRB) Lakes Classification (N4)	
Date of Inspection: <u>7-8-10</u>	Date of Re-Inspection:			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, they need to be attached.				
<u>Must be 5' from septic tank to building and 10' to the drain field.</u>				
Signature of Inspector: <u>Michael Sutek</u>	Date of Approval: <u>7-11-14</u>			
Hold For Sanitary: <input checked="" type="checkbox"/> <u>Reopened</u> Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input checked="" type="checkbox"/> <u>\$50</u>	<input type="checkbox"/> _____	

OK

OK

AERIAL IMAGE PROVIDED BY BAYFIELD COUNTY GIS



OVERALL SITE PLAN

SCALE: 1" = 100'

OUTLINE OF ENLARGED AREA ON THIS PAGE

STORMWATER MANAGEMENT AND EROSION CONTROL

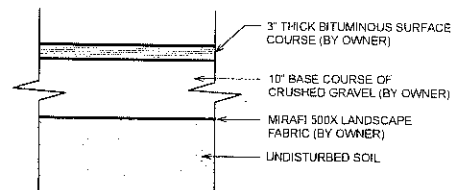
All work to be performed in order to maintain all project grounds, public streets and associated areas, including fill areas in a manner consistent with the general policy to conserve soil and soil resources, and to control and prevent soil erosion and to control and prevent siltation into lakes, rivers and streams. This clause is to be liberally construed to further the above stated objectives. The following shall include, but not limit areas in which control is to be executed:

Minimum Stripping: Strive to limit stripping of sod and vegetation to a period that will expose bare soil to least possibility of erosion that construction requirements will allow.

Stockpiling: Materials shall be stored in a manner that will not runoff of stockpiled material into streets or drainage facilities in the event of rain.

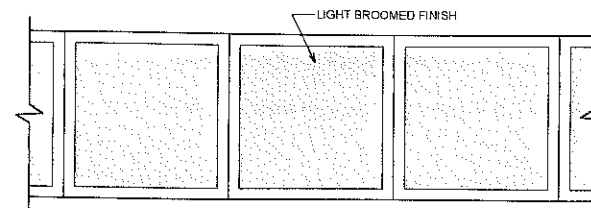
Stormwater Runoff and Erodible Materials: Take positive measures to prevent soil erosion from the construction area and areas disturbed by construction activities by employing such means as mulches, interlocking embankments, settling basins, ditch checks, riprap, erosion mats or other temporary erosion control devices or methods.

Street Maintenance: Control the tracking of soil onto street and paved surfaces to a minimum. Any such tracking shall be removed no less than on a daily basis.



1 PAVEMENT DETAIL

SCALE: 1" = 1'-0"

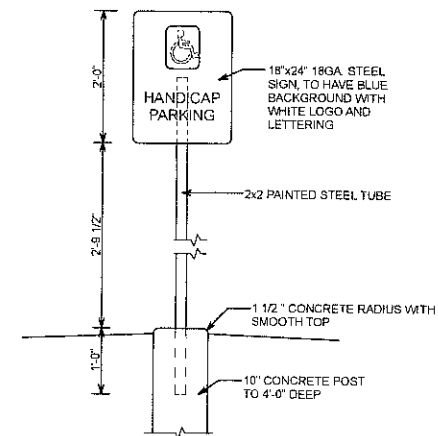


NOTES

- 1 TYPICAL FOR ALL SIDEWALKS
- 2 CONCRETE TO BE 4" THICK AT ALL SIDEWALK LOCATIONS
- 3 CONTROL JOINTS EVERY 4'-0" (+/-)
- 4 PROVIDE TWO (2) 1/2" EXPANSION JOINTS w/ CAULK IN EACH STRAIGHT RUN OF SIDEWALK

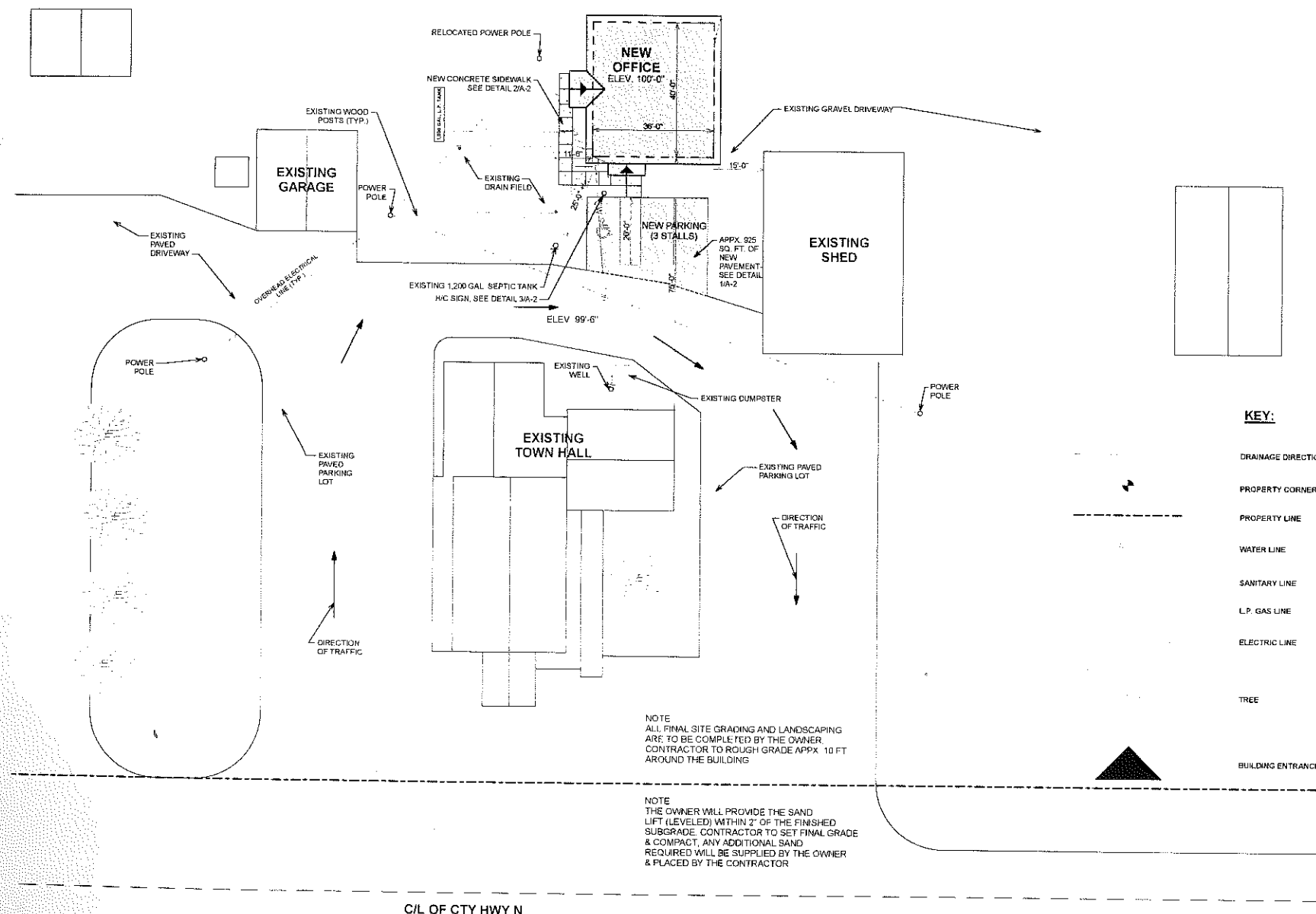
2 SIDEWALK/ APRON FINISH DETAIL

SCALE: 3/8" = 1'-0"



3 H/C SIGN DETAIL

SCALE: 3/4" = 1'-0"



KEY:

- DRAINAGE DIRECTION
- PROPERTY CORNER
- PROPERTY LINE
- WATER LINE
- SANITARY LINE
- L.P. GAS LINE
- ELECTRIC LINE
- TREE
- BUILDING ENTRANCE

NOTE: ALL FINAL SITE GRADING AND LANDSCAPING ARE TO BE COMPLETED BY THE OWNER. CONTRACTOR TO SET FINAL GRADE APPX. 10 FT AROUND THE BUILDING.

NOTE: THE OWNER WILL PROVIDE THE SAND LIFT (LEVEL) WITHIN 2" OF THE FINISHED SUBGRADE. CONTRACTOR TO SET FINAL GRADE & COMPACT. ANY ADDITIONAL SAND REQUIRED WILL BE SUPPLIED BY THE OWNER & PLACED BY THE CONTRACTOR.

C/L OF CTY HWY N

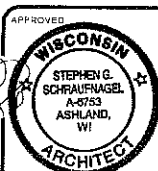
ENLARGED SITE PLAN

SCALE: 1" = 20'

PROPOSED NEW OFFICE FACILITY FOR:
TOWN OF BARNES
3300 COUNTY HWY N, BARNES, WI 54873

SITE PLAN

S&S Design & Engineering, Inc.
603 Lake Shore Drive West
Ashland, Wisconsin 54806
Telephone (715) 682-0330
Fax (715) 682-4308
E-Mail: esdesign@ncis.net
www.esdesignengineering.com



REVISIONS
7/11/14
BUILDING & PARKING AREA
RELOCATED ON SITE

DESIGNED: S.G.S.
DRAWN: B.L.W.
SCALE: AS NOTED
DATE: JUNE 2014

PROJECT NO:
13-2565

SHEET NO:
A-2
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PRINTED: 8/1/2014

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date Stamp (Received)
JUL 24 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-00975
Date: 8-19-14
Amount Paid: \$75 7-25-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Robert Koser et al				Mailing Address:		50310 Otter Bay Rd, Barnes, WI 54873				Telephone:		715 795-2196	
Address of Property:		Same				City/State/Zip:						Cell Phone:			
Contractor:		Self				Contractor Phone:						Plumber:		Plumber Phone:	
Authorized Agent:		(Person Signing Application on behalf of Owner(s))				Agent Phone:						Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-004-2-44-09-09-305-009-08000		Recorded Document: (i.e. Property Ownership) Volume 435		Subdivision:		Recorded Document: (i.e. Property Ownership) Volume 435		Pages: 229			
N 100' of S 33d' of 1/4, 1/4		Gov't Lot 9		Lot(s) 9		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Acreage 2.447	
Section 9, Township 44 N, Range 9 W		Town of:		Barnes		Lot Size		Acreage		Lot Size		Acreage		2.447	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →				Distance Structure is from Shoreline: _____ feet				Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →				Distance Structure is from Shoreline: _____ feet				Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Value at Time of Completion * include donated time & material \$ 16,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water					
							<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Conn</u>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)								
<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None								

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X)		
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X)		
	<input type="checkbox"/> with Loft	() X)		
	<input type="checkbox"/> with a Porch	() X)		
	<input type="checkbox"/> with (2 nd) Porch	() X)		
	<input type="checkbox"/> with a Deck	() X)		
	<input type="checkbox"/> with (2 nd) Deck	() X)		
	<input type="checkbox"/> with Attached Garage	() X)		
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X)		
	<input type="checkbox"/> Mobile Home (manufactured date)	() X)		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	() X)		
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>pole bldg.</u>	(28 X 36)	1,008	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X)		
	<input type="checkbox"/> Special Use: (explain)	() X)		
	<input type="checkbox"/> Conditional Use: (explain)	() X)		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Other: (explain)	() X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robert Koser
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 7-22-14
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Same as above
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Tax ID 1777

Attach
Copy of Tax Statement ✓

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

see attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	144 Feet	Setback from the Lake (ordinary high-water mark)	450+ Feet
Setback from the Established Right-of-Way	130+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	50 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	20 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	400+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	200+ Feet	Setback to Well	200+ Feet
Setback to Drain Field	200+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-0075		Permit Date: 8-19-14			
Is Parcel a Sub-Standard Lot: Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No		<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Meets all setbacks.					
Date of Inspection: 7-29-14		Inspected by: M. Fuchs		Zoning District (R-3) Lakes Classification (1)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)					
May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.					
Signature of Inspector: Michael Fuchs		Date of Approval: 8-13-14		Date of Re-Inspection:	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				<input checked="" type="checkbox"/> Authorizations	

TO HWY 27

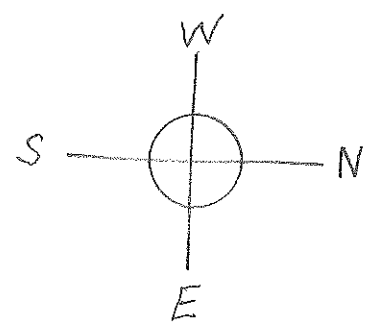
POINT OF PINES RD.

20'

28'x36'x10'
POLE CONST.

144'

OUTLET BAY ROAD



RUSSELL & CINDY SCOTT

BOB & MARIANNE KOSER

PROPOSED STORAGE BUILDING
AT 50310 OUTLET BAY ROAD,
BARNES, WISC. 54873
FOR:
BOB & MARIANNE KOSER

LEGAL DESCRIPTION
N 100' OF S. 332' OF LOT 9 IN
V. 435 P. 229 51AC

SHORE LINE

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY-WISCONSIN
Date Stamp (Received)
AUG 06 2014
Bayfield Co. Zoning Dept.

Permit #:	14-00886
Date:	8-22-14
Amount Paid:	\$75 8-6-14
Refund:	\$100 8-13-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Brian Hodoewic</u>	Mailing Address: <u>3980 Lake Rd</u>	City/State/Zip: <u>Barnes, WI 54873</u>	Telephone: <u>715 795-2295</u>
Address of Property: <u>3980 Lake Rd</u>		Contractor Phone: <u>Plumber:</u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Self</u>		Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>Gov't Lot 1, Lot(s) 2, CSM 373, Vol & Page 3, 249</u>	PIN: (23 digits) <u>04-004-244-09-04-4 05-04-30000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>826</u> Page(s) <u>983</u>
Section <u>4</u> , Township <u>44</u> N, Range <u>9</u> W	Town of: <u>Barnes</u>	Lot Size	Acres <u>1.6</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?	If yes---continue →	Distance Structure is from Shoreline: <u>75</u> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: <u>75</u> feet		
<input type="checkbox"/> Non-Shoreland					

Value at Time of Completion * Include donated time & material <u>\$1,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>City</u>	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>City</u>	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>			

Existing Structure: (if permit being applied for is relevant to it)	Length: <u></u>	Width: <u></u>	Height: <u></u>
Proposed Construction:	Length: <u></u>	Width: <u></u>	Height: <u></u>

Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(<u>X</u>)		
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)		
		with Loft	(<u>X</u>)		
		with a Porch	(<u>X</u>)		
		with (2 nd) Porch	(<u>X</u>)		
		with a Deck	(<u>X</u>)		
		with (2 nd) Deck	(<u>X</u>)		
		with Attached Garage	(<u>X</u>)		
	<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>)	
	<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date)	(<u>X</u>)	
Record for Issuance	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>deck</u>	(<u>8 X 14.75</u>)		
	<input type="checkbox"/>	Accessory Building (specify) <u></u>	(<u>X</u>)		
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u></u>	(<u>X</u>)		
	<input type="checkbox"/>	Special Use: (explain) <u></u>	(<u>X</u>)		
Secretarial Staff	<input type="checkbox"/>	Conditional Use: (explain) <u></u>	(<u>X</u>)		
	<input type="checkbox"/>	Other: (explain) <u></u>	(<u>X</u>)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing information for the application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Brian Hodoewic
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Self
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Same as above

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

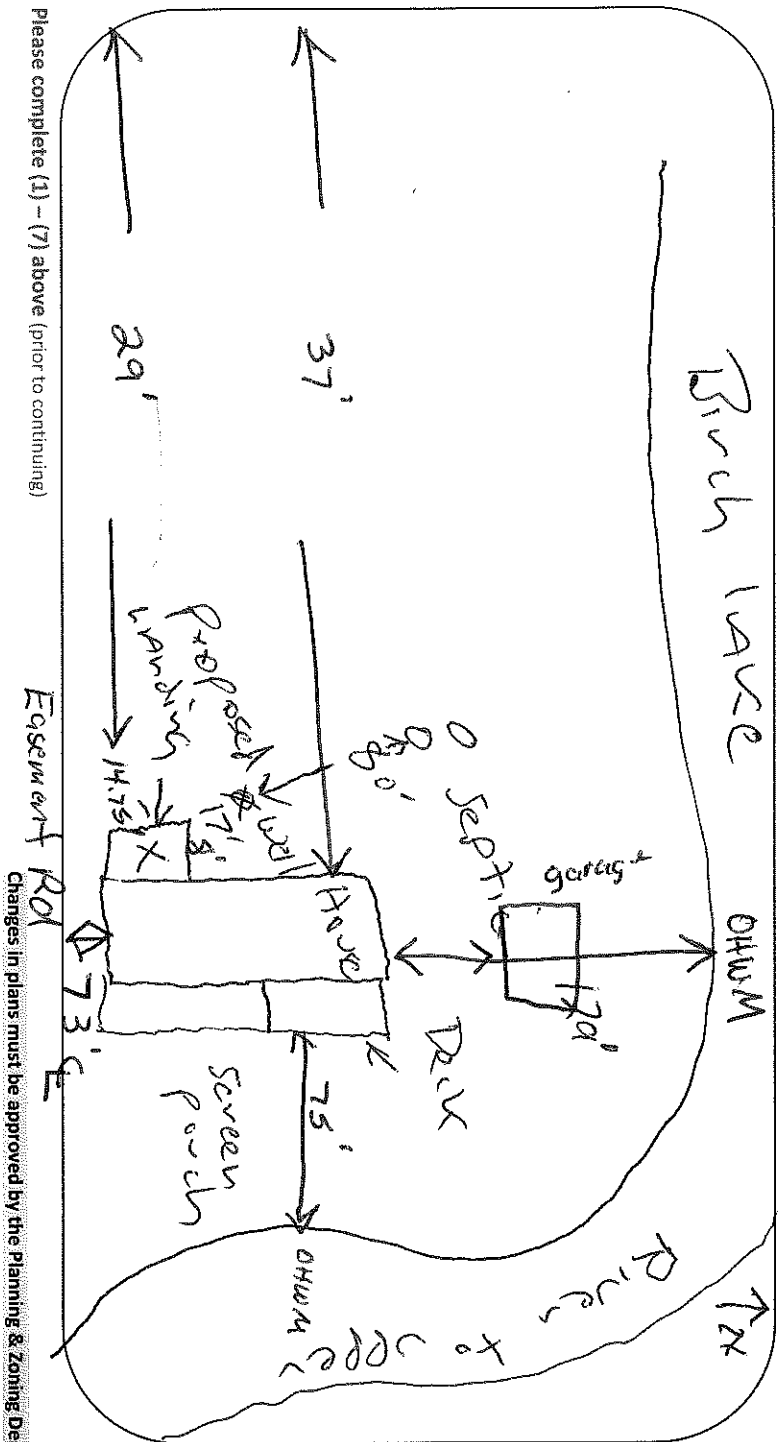
If you recently purchased the property send your Recorded Deed

Attach
Copy of Tax Statement ☒

Tax ID 1336

Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (**) Driveway and (**) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (**) Well (W); (**) Septic Tank (ST); (**) Drain Field (DF); (**) Holding Tank (HT) and/or (**) Privy (P)
- (6) Show any (*): (**) Lake; (**) River; (**) Stream/Creek; or (**) Pond
- (7) Show any (*): (**) Wetlands; or (**) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	30'	Setback from the Lake (ordinary high-water mark)	75'
Setback from the Established Right-of-Way	NA	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	NA	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	NA	Setback from Wetland	140'
Setback from the West Lot Line	NA	20% Slope Area on property	NA
Setback from the East Lot Line	NA	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	37'	Setback to Well	15'
Setback to Drain Field	37'		
Setback to Privy (Portable, Composting)	NA		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0086		Permit Date: 8-22-14		
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Case #:		Previously Granted by Variance (B.O.A.)		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Inspection Record:		Were Property Lines Represented by Owner Was Property Surveyed		
Date of inspection: 8-12-14		Inspected by: M. Fuchs		
Condition(s) Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		

Signature of Inspector: Michael P. Fuchs		Date of Approval: 8-22-14	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

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